

**Employee Report of Arrest/Conviction/Child Abuse Registry/Loss of License**

**CONFIDENTIAL REPORT**

An employee must report an arrest, conviction/child abuse registry within 72 hours of the incident and submit the original report to the Human Resources Director and a photocopy to his/her Senior Manager.

Print Full Name: \_\_\_\_\_

PERNR: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Check appropriate item: ☐ Arrest ☐ Criminal Conviction ☐ Government Child Abuse/Neglect Registry  
☐ Loss of License

Date Action Occurred: \_\_\_\_\_ Time Action Occurred: \_\_\_\_\_

Authority Taking Action (i.e., Law Enforcement Office/DSS Office): \_\_\_\_\_

Print detailed information on the reverse side of this form. Attach copies of reports associated with this incident.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

Report Submitted via: ☐ Hand-Delivery ☐ US Mail ☐ Agency Mail ☐ Other: \_\_\_\_\_

**THE SECTION BELOW IS FOR THE EMPLOYEE'S SENIOR MANAGER**

Name: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Action: ☐ No action necessary at this time ☒ Employee temporarily reassigned  
☐ Employee temporarily suspended without pay ☐ Other (Describe): \_\_\_\_\_  
☐ Meeting Scheduled with Employee on: \_\_\_\_\_

Recommendation to Human Resources Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE SECTION BELOW IS FOR THE HUMAN RESOURCES DIRECTOR**

Name: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE SECTION BELOW IS FOR THE EXECUTIVE DIRECTOR**

Final Decision: \_\_\_\_\_

Employee advised via: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_